



DELAWARE

# UnitedHealthcare Community Plan

## Member Handbook

Delaware Medicaid and  
Delaware Healthy Children Programs



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance



UnitedHealthcare®  
Community Plan



## Important Phone Numbers

**Member Services** ..... 1-877-877-8159  
(8 a.m. – 5 p.m., Monday – Friday) TTY: 711

### UnitedHealthcare Community Plan

Member Advocates ..... 1-877-901-5523 TTY: 711  
Special Needs Unit ..... 1-877-844-8844  
Healthy First Steps ..... 1-800-599-5985  
To Report Fraud and Abuse ..... 1-877-877-8159

### State of Delaware, Division of Social Services and Division of Medicaid and Medical Assistance

**Customer Relations** ..... 1-800-372-2022 or 1-302-571-4900

**Health Benefits Manager – Enrollment** ..... 1-800-996-9969

**Pharmacy Benefits Manager** ..... 1-800-996-9969, option 2

### Logisticare Transportation Services

Non-Emergency Transportation ..... 1-866-412-3778  
Where's My Ride? Hotline ..... 1-866-896-7211



**Website** [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.com)



**Medicaid – HMO**



## Your Health Providers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Room: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

# Table of Contents

<b>Important Terms</b>	<b>4</b>	Transportation Services	17
<b>Welcome to UnitedHealthcare</b>	<b>6</b>	Out-of-Network Services	17
<b>Rights and Responsibilities</b>	<b>7</b>	Out-of-Area Services	18
<b>Enrollment</b>	<b>9</b>	New Services or Procedures	18
Delaware Healthy Children Program	9	Getting Billed for Services	18
If Your Membership Stops	9	What if I Want a Second Opinion?	18
Changing Your Health Plan	9	<b>Utilization Decisions</b>	<b>19</b>
Continuity of Care	9	Medical Necessity	19
If You Have Both Medicare and Medicaid	9	Prior Authorizations	19
Coordination of Benefits (COB)	10	Authorization Decisions	20
<b>Member Services</b>	<b>11</b>	Previously Approved Services	20
Member Advocates	11	<b>Covered Benefits and Services</b>	<b>21</b>
Alternative Languages	11	Non-Covered Services	25
Interpretive Services	11	Covered Benefits Changes	25
Quality Improvement	11	Case Management	25
Reporting Accidents and Injuries	11	Special Needs Unit	26
Reporting Changes	11	Healthy First Steps	26
<b>How to Use Your Health Plan</b>	<b>12</b>	Smart Start Program	27
Member ID Card	12	After Your Delivery	27
Release for Ethical Reasons	12	Family Planning Services	27
Participating Doctors	12	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program	28
Your Primary Care Provider (PCP)	12	Early Intervention	28
Choosing a New PCP	13	Women, Infants and Children (WIC)	29
Behavioral Health Appointments	13	School-Based Health Center Services	29
Appointment Standards	14	Children With Special Needs	29
Vision Appointments	14	Prescription Drug Coverage	29
<b>Making Health Decisions</b>	<b>15</b>	<b>Grievances and Appeals</b>	<b>30</b>
Informed Consent	15	Member Grievances	30
Advance Directives	15	Member Appeals	30
Living Wills	15	State Fair Hearings	32
Durable Power of Attorney	15	<b>Fraud and Abuse</b>	<b>33</b>
How We Pay Our Providers	15	<b>Privacy Notices</b>	<b>34</b>
<b>Getting Care</b>	<b>16</b>	<b>Protected Information Release</b>	<b>39</b>
Emergency Care	16	<b>Grievance and Appeal Form</b>	<b>41</b>
Urgent Care	16		
After-Hours Care	17		

# Important Terms

**Abuse:** Harming someone on purpose (this includes yelling, ignoring a person's need and inappropriate touching).

**Advance Directive:** A decision you make ahead of time about your health care in case you're ever unable to speak for yourself. This will let your family and your doctors know what decisions you would make if you were able to.

**Appeal:** A formal request for UnitedHealthcare Community Plan to review a decision we made or an action we took.

**Authorization:** An O.K. or approval for a service.

**Benefits:** Services, procedures and medications UnitedHealthcare Community Plan will cover for you.

**Clinical Case Management:** One-on-one help by a nurse providing education and coordination of UnitedHealthcare Community Plan benefits, tailored to your needs.

**Disenrollment:** To stop your membership in UnitedHealthcare Community Plan.

**Emergency:** A sudden and, at the time, unexpected change in a person's physical or mental condition which, if a procedure or treatment is not performed right away, could be expected to result in 1) the loss of life or limb, 2) significant impairment to a bodily function, or 3) permanent damage to a body part.

**Fraud:** An untruthful act (example: if someone other than you uses your member ID card and pretends to be you).

**Grievance:** When a member is unhappy with any part of his/her care. A grievance, like a complaint, can be filed by phone or in writing.

**Health Information:** Facts about your health and care. This information may come from UnitedHealthcare or a provider. It includes information about your physical and mental health, as well as payments for care.

**ID card:** An identification card that says you are a UnitedHealthcare Community Plan member. You should have this card with you at all times.

**Immunization:** A shot that protects, or "immunizes," a member from a disease. Children should receive different shots at different ages. These shots are often given during regular doctor visits.

**Informed Consent:** That you agree to all medical treatments.

**In-Network:** Doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare Community Plan to provide health care services to members.

**Inpatient:** When you are admitted to a hospital, or services you get after being admitted to a hospital.



**Medically Necessary:** A service that (1) prevents, diagnoses or treats a physical or mental illness or injury; strives to ensure age-appropriate growth and development; minimizes the worsening of a disability; or attains, maintains, or regains functional capacity according to accepted standards of practice in the medical community, (2) cannot be omitted without adversely affecting the member's condition or the quality of medical care rendered, and (3) is furnished in the most appropriate setting.

**Member:** An eligible person enrolled with UnitedHealthcare Community Plan in the Medicaid or DHCP programs.

**Out-of-Network:** Doctors, specialists, hospitals, pharmacies and other providers who do not have an arrangement with UnitedHealthcare Community Plan to provide health care services to members.

**Outpatient:** When you have a procedure done that does not require an overnight hospital stay.

**Prescription:** A doctor's written instructions for medication or treatment.

**Primary Care Provider (PCP):** The doctor who is your physician and takes care of most of your health needs.

**Prior Authorization:** Process your doctor uses to get approval for services that are not normally covered.

**Provider Directory:** A list of providers who participate with UnitedHealthcare Community Plan to help take care of your health needs.

**Provider or Practitioner:** A person or facility that offers health care (doctor, pharmacy, dentist, clinic, hospital, etc.).

**Referral:** When you and your PCP agree you need to see another doctor and your PCP sends you to a network specialist.

**Self-Referred Services:** Services for which you do not need to see your PCP for a referral.

**Specialist:** Any doctor who has special training for a specific condition or illness.

**Special Needs Unit (SNU):** A service offered by UnitedHealthcare that can help you understand and use your benefits if you have a disability or other special need.

**Urgent Care:** When you need care, treatment or medical advice within 48 hours.

# Welcome to UnitedHealthcare!

You are now a member of a health care plan built to serve you. If you haven't received your UnitedHealthcare Community Plan member ID card in the mail, it will arrive shortly. Remember to take this card to all your doctor visits and show your card to your doctor's staff. This handbook will help you understand and use your benefits. Also, this handbook will tell you about the things you need to do as a member. Please read it carefully.

Write us at our corporate office ...

Member Services  
UnitedHealthcare Community Plan  
1001 Brinton Road  
Pittsburgh, PA 15221

Or our local office ...

Member Advocates  
UnitedHealthcare Community Plan of Delaware  
4051 Ogletown Road, Suite 200  
Newark, DE 19713

Member Services is available to answer all of your questions about your health care needs. Our staff will help you use UnitedHealthcare Community Plan. If you need this information in another language, Braille or large print, please call us at 1-877-877-8159 (TTY: 711).

Member Services can help you:

- Choose a primary care provider (PCP).
- Mail you a provider directory.
- Change your address or phone number.
- Send you a new member ID card.
- Understand your benefits and services.
- Find a local welcome session, hosted by our Community Outreach Coordinators.

Please visit our website to review important information including an up-to-date list of providers at **[www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com)**. Our offices are closed the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

# Rights and Responsibilities

## You Have a Right to:

- To pick your own primary care provider (PCP) within the UnitedHealthcare Community Plan provider network.
- To ask for and get information about UnitedHealthcare Community Plan, our services, participating providers, providers' and members' rights and responsibilities and how to use your benefits.
- To get quality health care and be treated with respect and due consideration for your dignity and privacy.
- To know the names, titles and educational backgrounds of all physicians and others helping you.
- To understand your medical and health needs, what should be done for you, what choices you have and what risks are involved.
- To receive free language assistance if you speak another language or are hearing impaired.
- To say no to treatment and to take the responsibility for the consequences of saying no to treatment.
- To not have your medical records shown to others without your approval, unless permitted by law, and be told who has been given a copy of your medical records.
- To have your privacy respected during an office visit, when getting treatment or when talking to UnitedHealthcare Community Plan.
- To see all your medical records in accordance with applicable federal and state laws and have these records kept private.
- To ask that corrections be made to your medical records if you notice a mistake.
- To have an advance directive.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To make recommendations to improve UnitedHealthcare Community Plan's procedures, policies, member rights and member responsibilities.
- To get a second opinion from a qualified participating provider or a non-participating provider, if a participating provider is not available.
- To be told in writing when any of your covered services are reduced, suspended, terminated or denied.
- To file an appeal regarding any medical or administrative decisions if you disagree.
- To be sure your PCP and the staff of UnitedHealthcare Community Plan know your rights.
- To have these rights regardless of gender, culture, economic status, education, race, ethnicity, age, national origin, sexual orientation, physical or mental disability, type of illness or condition, ability to pay, ability to speak English or religious background.
- To receive information on treatment options, alternatives and costs whether the treatment is covered or not.
- To know how we pay our providers, control costs and make decisions about which services are covered.
- To get emergency care without having to get a prior approval when you have a true medical emergency.
- To voice a grievance (complaint) about the health plan or the care it provides.

# Rights and Responsibilities (cont.)

## You Have a Responsibility to:

- To let Medicaid, Delaware Healthy Children Program (DHCP) and UnitedHealthcare Community Plan know if you or a family member changed a name, address or phone number.
- To let State of Delaware, Division of Social Services and Division of Medicaid and Medical Assistance Customer Relations know if you have a change in family size, if you or a family member loses a job or changes jobs, if a member becomes employed or if you have other health insurance.
- To call the local Medicaid office in the county where you live and give them all of your new information if it changes.
- To respect the doctors, staff and people giving you health care services.
- To be sure you are the only one who uses your member ID card and to let us know if it is lost or stolen.
- To be sure to show your UnitedHealthcare Community Plan and Medicaid ID cards each time you have a doctor's appointment; if you have any other health care insurance, you must show your PCP the card for that too.
- To be sure to go to your assigned PCP for all of your non-emergency health care unless your PCP sends you to a specialist for care; if you are pregnant and do not wish to go to your PCP, you may go to an in-network obstetrician/ gynecologist.
- To ask questions if you do not understand what your providers are saying to you.
- To answer all questions and provide all information about your health that will help your PCP take care of you.
- To follow instructions given to you by your PCP.
- To keep your scheduled health care appointments.
- To schedule and keep wellness check-ups, including EPSDT (well-child) appointments for members under age 21.
- To get care as soon as you learn you are pregnant and keep all pregnancy appointments.
- To give your doctor a copy of any advance directives, including a living will.
- To be on time and call your PCP's office at least 24 hours in advance, when possible, if you need to cancel an appointment.
- To let your PCP know when you went to the emergency room, or have someone do it for you, within 24 hours of emergency care.
- To let us know if you have another insurance company that may pay for your medical care for any reason (health, auto, home or workers' compensation, for example).
- To give your approval for us to use your health information.



# Enrollment

## Delaware Healthy Children Program

If you are a member of the Delaware Healthy Children Program (DHCP), you have to pay a monthly premium before you can get services. If you have a question about your premiums or coverage, please call the Health Benefits Manager at 1-800-996-9969.

## If Your Membership Stops

Medicaid may stop your membership with UnitedHealthcare Community Plan. This is called disenrollment. Your membership may end because you:

- Give your Medicaid ID card to someone else to use.
- Go to prison.
- Lose eligibility for Medicaid.
- Have a change in your Medicaid benefits that keeps you from being covered by UnitedHealthcare Community Plan.
- Are admitted to a state facility.

## Changing Your Health Plan

You may change your health plan at any time during the first 90 days after your initial enrollment in a health plan. You can also change your health plan during the open enrollment period each May. If you want to change your health plan, please call the Health Benefits Manager at 1-800-996-9969.

## Continuity of Care

If you are getting medically necessary medical care covered by Medicaid before you join UnitedHealthcare Community Plan, you can keep getting that care until we can find an in-network provider to help you. If the doctor giving you these services is not in our provider network, we need to give our approval for you to keep seeing this doctor.

## If You Have Both Medicare and Medicaid

If you have both Medicare and Medicaid, you have more than one insurance coverage. Medicare is considered your primary insurance and Medicaid is your secondary insurance. This means your doctor will bill Medicare first for services covered by both programs and Medicaid will be billed second for any cost-sharing. You do not have to pay for any services covered by Medicare or Medicaid. Your Medicaid benefits will not change your primary insurance benefits. Your Care Coordinator will work with your primary insurance to help set up your health care.



**Bring your State of Delaware Medical Assistance Program Card and your UnitedHealthcare Community Plan ID card to all doctor and pharmacy visits. If you have Medicare, bring your Medicare card too.**

## Enrollment (cont.)

If you have both Medicare and Medicaid, Medicare Part D will cover most of your drugs (you will still have to pay Medicare Part D copays), unless you live in a nursing facility or receive home and community-based services. If you have Medicare, you can use your current doctor. You can get Medicare specialty services without approval from Medicaid.

We will work with your doctor for the services you get through your Medicaid Long Term Care Plan (Diamond State Health Plan Plus). We can help you pick a doctor if you do not have one. This doctor can set up your health care services. If you are in a Medicare Advantage Plan, your primary care provider (PCP) is your Medicare Advantage doctor.

You do not have to pick another primary care provider for Diamond State Health Plan Plus. Medicare or your Medicare Advantage Plan will pay for your services before Diamond State Health Plan Plus. Our plan may cover some services that are not covered by Medicare.

## Coordination of Benefits (COB)

If you have coverage with both UnitedHealthcare Community Plan and another health plan, both plans will share the cost of any services you get. This other health plan is called third party coverage. This cost-sharing is called a coordination of benefits. You do not have to fill out any forms with UnitedHealthcare Community Plan unless you have another health plan and UnitedHealthcare Community Plan. Some examples of third party coverage (third party liability) are:

- Private health insurance
- Medicare coverage
- Automobile insurance
- Workers' compensation
- Coverage from court judgments or settlements

Call the Division of Medicaid & Medical Assistance (DMMA) if you have any of these third-party liability coverages. If you have questions, please call the Third Party Liability Unit at 1-800-372-2022.

# Member Services

## Member Advocates

UnitedHealthcare Community Plan has member advocates who work with members and providers. The member advocates can help solve problems, provide training and education and work on issues that concern members.

Member advocates:

- Help members get care or talk to a specific provider.
- Coordinate transportation and access to care and services.
- Help members with pharmacy questions.
- Help our staff and providers better understand the values and practices of all cultures we serve.

To speak to our member advocates, please call 1-877-901-5523 (TTY: 711).

## Alternative Languages

If English is not your first language, you can ask for a translator when you visit your doctor. This is a free service. Call your doctor the day before your visit and say you want a translator. We will arrange for one to be there when you show up. You can also check our provider directory for doctors who speak your language.

## Interpretive Services

If you have any problems reading or understanding any information we send you, please call Member Services at 1-877-877-8159 (TTY: 711). We can help explain it to you or read it orally, either in English or in another language. We may have the information printed in other languages or in other ways. If you are vision-impaired or hard-of-hearing, we can give you special help.

## Quality Improvement

For a description of the Quality Improvement program, our practice guidelines or how we meet our goals, write to:

Quality Improvement  
UnitedHealthcare Community Plan  
of Delaware  
4051 Ogletown Road, Suite 200  
Newark, DE 19713

## Your Health Information

UnitedHealthcare Community Plan has internal protection of oral, written and electronic information across the organization.

## Reporting Accidents and Injuries

If you get hurt on the job or are involved in an accident and need medical help, you need to call Member Services and Medicaid as soon as possible. We will talk or write to your employer, auto insurance company or other health plan to pay the bill.

## Reporting Changes


Please call State of Delaware, Division of Social Services and Division of Medicaid and Medical Assistance Customer Relations if you change your name, address or phone number. Call the Division of Social Services, Medical Assistance Program to report any changes in your family size (birth, adoption, marriage, divorce, death). When you have a baby, you should make these calls as soon as possible to add your baby to your records. This will take care of any bills and let your new baby get medical care. If you do not know your Medicaid eligibility worker's contact information, call 1-800-372-2022.

# How to Use Your Health Plan

## Member ID Card

You and your family members enrolled in UnitedHealthcare Community Plan will each get a separate member ID card. Bring your member ID card with you to all health appointments. If you lose your card, call Member Services to get a new one. In addition to your UnitedHealthcare Community Plan member ID card, you should also bring your State of Delaware Medical Assistance Program Card to all health appointments. You can call Medicaid at 1-800-372-2022 if you have questions about your State of Delaware Medical Assistance Program Card. Some of the services not covered by UnitedHealthcare Community Plan are covered by the state of Delaware. Use your Medicaid ID card to get the following services not covered by UnitedHealthcare Community Plan:

- Prescription drugs
- Dental services for members age 20 and younger
- Non-emergency transportation
- Benefits for children like school-based services

	<b>UnitedHealthcare</b>   Community Plan
Health Plan (80840)	999-99999-99
Member ID: 999999999	Group: 9999
Member: SUBSCRIBER BROWN	Payer ID: 99999
MMC ID #: 999999999	
PCP Name: Dr. Provider Brown	
PCP Phone: (999)999-9999	
Clinic Name	
0501	UnitedHealthcare Community Plan for Families Administered by Unison Health Plan of Delaware, Inc.

## Release for Ethical Reasons

UnitedHealthcare Community Plan does not require that a doctor perform a service that is against his or her conscience, religious beliefs, ethical principles or policies. We will allow the doctor to refer a member to another in-network doctor. If a doctor has an ethical reason for not completing a covered service, we will help you get this service through another doctor.

No participating doctor or employee will suggest, authorize or prescribe an unlawful procedure or service.

## Participating Doctors

If you would like information about your primary care provider (PCP), a specialist or another participating doctor, such as his/her schooling, residency or whether s/he is accepting new patients, call Member Services at 1-877-877-8159 or visit our website at [www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com).



## Your Primary Care Provider

Your primary care provider (PCP) is a doctor or a nurse practitioner. When you are a member of UnitedHealthcare Community Plan, you pick a PCP for you and your family. Be sure to go to your PCP for all of your non-emergency health care unless your PCP sends you to a specialist for care. Some PCP sites may have medical residents, nurse practitioners and physician assistants who will give you care under the supervision of your PCP. When you have picked a PCP, you need to call the PCP's office. Some questions you can ask are:

- What are the office hours?
- What if I need night or weekend care?
- Who takes calls if your office is closed?
- Do you need an approval from me to get my records from another office?
- Do I need to meet my PCP if I am a new patient?
- Am I due for a check-up?

It is important to know all the staff at your PCP's office. They will help you. You need a PCP you can trust. Your PCP will want to:

- Know your health history
- Know your lifestyle
- Know your health
- Try to stop illness and disease
- Give you tips to live a healthy lifestyle
- Address all your regular health needs

## Choosing a New PCP

If you want to get a new PCP, call Member Services. The change will take place right away. You will get a new ID card that lists your new PCP. You can see a list of our providers at **[www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com)**. Members may change PCPs up to three times a year.

## Behavioral Health Appointments

Our approach to providing behavioral health services accounts for all of a member's family and medical needs. We believe it's important to coordinate care between the member, the member's family, the behavioral health providers, the medical providers and our case managers. Optum Health manages your Medicaid behavioral health benefit.

UnitedHealthcare Community Plan or your PCP can work with them. You can talk with your PCP about your behavioral health needs or you can call 1-877-877-8159 (TTY: 711). They will assist you in finding a behavioral health provider close to where you live. You may self-refer to any in-network behavioral health provider for outpatient therapy services. When you call or go to the office to make an appointment, be sure to:

- Have your member ID card number.
- Tell them you are a UnitedHealthcare Community Plan member.
- Tell them why you need an appointment.
- Bring your card for any other insurance you may have.

If you have a behavioral health emergency or you need emergency transportation, contact your local emergency service or go get care at the nearest emergency facility. If you are treated, you must call us within 24 hours or as soon as possible. This number is listed on your member ID card. To learn more about behavioral health or for help making appointments, please call 1-877-877-8159 (TTY: 711).

Members 17 years of age and under can have a total of 30 outpatient visits managed by UnitedHealthcare Community Plan. All other treatment requests are managed through the Delaware Department of Prevention and Behavioral Health Services (DDPBHS). DCMHS can be reached by calling the Intake Department at 1-302-633-2571 or 1-800-722-7710.



# How to Use Your Health Plan (cont.)

## Appointment Standards

You should receive an appointment based on these standards:

Primary Care Providers (PCPs)	You will receive an appointment ...
Emergency appointments	The same day or referred to an emergency facility
Urgent care appointments	Within 2 calendar days
Routine appointments	Within 3 weeks of request
EPSDT/child preventive care appointments	Within 2 weeks
Specialty Physician Referrals	You will receive an appointment ...
Emergency appointments	Immediately upon referral
Urgent care appointments	Within 48 hours of referral
Routine appointments	Within 3 weeks of referral
Maternity Care	You will receive an appointment ...
First trimester	Within 3 weeks of request
Second trimester	Within 7 calendar days of request
Third trimester	Within 3 calendar days of request
High-risk pregnancies	Within 3 calendar days of identification as high risk, or immediately if an emergency exists
Behavioral Health	You will receive an appointment ...
Life-threatening emergency	Immediately or referred to an emergency facility
Non-life-threatening emergency	Services within 6 hours of request
Urgent care	Within 48 hours
Routine care	Within 7 calendar days of request

## Vision Appointments

UnitedHealthcare Community Plan works with March Vision Care for your eye care benefits (see benefits chart for age and medical requirements for eye care benefit). The provider directory lists the March Vision Care doctors who participate with UnitedHealthcare Community Plan. Once you find a doctor you like, you can call the doctor and schedule a visit. If you have any vision benefit questions, call Member Services at 1-877-877-8159 (TTY: 711).

# Making Health Decisions

## Informed Consent

Consent means you say “yes” to all medical treatment. So, informed consent means:

- The treatment was explained to you and you understand.
- You say yes before getting any treatment.
- Sometimes you may need to say yes in writing.
- If you do not want the medical treatment, your primary care provider (PCP) will talk to you and tell you other choices.
- You have the right to say yes or no.

## Advance Directives

You have the right to make medical decisions even when you can’t speak for yourself. You need to complete an advance directive.

Then your physician will know what you want done or not done if you can’t talk. A living will and a durable power of attorney are two types of advance directives.

## Living Wills

A living will lets you state your wishes about medical care if you become terminally ill, permanently unconscious or enter a persistent vegetative state and can no longer make your own medical decisions.

## Durable Power of Attorney

A durable power of attorney for health care lets you name someone to make medical decisions if you can no longer speak for yourself. This can also include decisions about life support. The person you appoint has the ability to speak

for you at any time you are unable to make your own medical decisions, not just at the end of your life.

### For more information:

- Call the Delaware Division of Services for Aging and Adults with Physical Disabilities at 1-800-223-9074. You may also visit [www.dhss.delaware.gov/dhss/dsaapd/index.html](http://www.dhss.delaware.gov/dhss/dsaapd/index.html) or [www.dhss.delaware.gov/dhss/dsaapd/advance.html](http://www.dhss.delaware.gov/dhss/dsaapd/advance.html).
- Visit [www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com) for more information or to download the advance directive health care forms.

## How We Pay Our Providers

UnitedHealthcare Community Plan pays its providers for each service they provide to members. This is called fee-for-service. Providers are only paid for giving you care for covered benefits that are medically necessary. UnitedHealthcare Community Plan will also pay its providers for services that require a prior authorization (approval) if you or your doctor gets an approval before you get those services.

Utilization Management (UM) decisions are based on medical necessity and the appropriateness of care and service. We do not offer any rewards for denying coverage or incentives to encourage our employees, doctors or anyone related to our health plan to use benefits inappropriately. If you have a question on the UM process or a denial, please call Member Services.

# Getting Care

## Emergency Care

An emergency is when you have symptoms so severe that if not treated they could result in grave risk to your health. This may include risk to a body function, organ or part. It may include risk to an unborn child. These symptoms may include severe pain.

In an emergency, you do not need a prior authorization. Call 911 or go to the nearest emergency room. You can get emergency care 24 hours a day, 7 days a week. Some emergencies are:

- Sudden loss of feeling or not being able to move.
- Woman in labor or having a miscarriage.
- Severe pain in your stomach or chest or throwing up blood.
- Poisoning.
- Fainting or a severe dizziness.
- Serious accident.
- Severe burns, wounds or heavy bleeding.
- Damage to your eyes.
- Severe spasms or convulsions.
- Broken bones.
- Choking, severe shortness of breath or being unable to breathe.
- Strong feeling that you might kill yourself or another person.

Colds and sore throats are not usually emergencies. If you are not sure if you have an emergency, call your PCP.

In an emergency, the hospital will stabilize your condition. They will not transfer you to another hospital without your consent and until you are stabilized. Sometimes, the hospital you go to cannot give you the best care. They may ask you to let them transfer you to another hospital. If you agree, they will give you treatment to minimize any risk to your health before you go to the new hospital. When you go to the hospital, call your PCP as soon as possible for a follow-up visit.

All emergency care is covered at any hospital in the United States. Members do not have to pay for any emergency services.

## Urgent Care

Urgent care is care needed within 48 hours. If you or a family member needs urgent care, call your primary care provider (PCP). Your PCP will see you or tell you what to do. If your PCP's office is closed, leave a message. They will call you back.

### Urgent Care Centers

#### Dover

Dover Walk-In Medical  
Eden Hill Express Care, LLC

#### Hockessin

Hockessin Walk In Clinic

#### Newark

Go-Care at Abby Medical  
Glasgow Medical Aid Unit at Christiana  
Walgreens Health Care Clinic

### **Milford**

Walk In Medical Care

### **Millsboro**

Medical Aid at Longneck

### **Smyrna**

The Medical Aid Unit at Smyrna

### **Wilmington**

Limestone Medical Aid Unit

Walgreens Health Care Clinic

## **After-Hours Care**

Sometimes, you may need your primary care provider (PCP) when the office is closed. If you need urgent care, call your PCP's office. They will give you directions on how to reach your PCP. Someone is there to help you 24 hours a day, 7 days a week. You should feel free to contact your PCP at any time regarding all of your medical needs. In emergency cases you may also go directly to the nearest emergency room.

## **Transportation Services**

If you need a ride to a doctor visit and cannot get there by yourself, call Logisticare at 1-866-412-3778 Monday through Friday, 8 a.m. to 4:30 p.m. Customer Service is available 24 hours a day, 7 days a week. You may also call your 211 number (Human Services) to find out about other services.

### **Remember:**

- This service is only for a non-emergency ride. Call 911 in a true emergency.
- Please call 48 hours before your appointment. This will help Logisticare arrange transportation and give you the best service they can.
- You can call to request ambulatory, wheelchair and stretcher transportation.
- You can bring someone with you if you want to.
- Transportation is not covered for Delaware Healthy Children Program (DHCP) members.

## **Out-of-Network Services**

If UnitedHealthcare Community Plan does not have a specialist able to help you in your area, you have the right to get help from an out-of-network doctor. The out-of-network doctor will need to call us to get an approval (prior authorization). We will pay if you have our prior authorization, as long as you are eligible at the time of service.

**For health-related questions during business hours, you can also call Member Services at 1-877-877-8159 (TTY: 711) and ask to speak with a nurse.**

# Getting Care (cont.)

## Out-of-Area Services

If you are traveling and have an emergency health need, UnitedHealthcare Community Plan will cover medically necessary emergency services. Prior authorization (approval) is not needed for emergency room or hospital visits. The hospital will need to tell us about your treatment once you are stabilized. Non-emergency visits will need prior approval. If you are out of the area and need non-emergency services, call your primary care provider (PCP).

## No Medical Coverage Outside of the United States

If you are outside of the United States and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you receive outside of the United States.

## New Services or Procedures

We will review all new technologies your doctor thinks would help you. UnitedHealthcare Community Plan follows a process for looking at new medical procedures, treatments and medications once they are determined to be safe and are approved for use by a recognized national group of medical experts (for example the FDA or Food & Drug Administration). Once this occurs, there is an internal review and approval process that is used to put the new procedure, treatments and medications into production so

that it will become a covered benefit. We will notify you as new procedures, services and devices are evaluated and approved as newly covered benefits. We will let you know in our quarterly member newsletter or a special mailing.

## Getting Billed for Services

Before getting any health care services, talk to your doctor about whether the services are covered by UnitedHealthcare Community Plan. Your doctor may not bill you for any covered services. If you ask for a service not covered by UnitedHealthcare Community Plan, ask your doctor about the cost and how you can pay the bill. If you receive a non-covered service and sign a form agreeing to pay the bill, you will have to pay the bill.

If you receive a bill for a covered service, call your doctor right away and give him or her your insurance information and our address. Do not pay the bill yourself. If you still get bills, please call Member Services at 1-877-877-8159 (TTY: 711) for help.

## What if I Want a Second Opinion?

You can get a second opinion for your health care from an in-network provider or, if one is not available, from an out-of-network provider at no cost to you. Prior authorization (approval) may be required for an out-of-network provider. Call your primary care provider. You can also call Member Services.



# Utilization Decisions

## Medical Necessity

Medical necessity means essential need for medical care. (This refers to all state Medicaid plan services, subject to age, eligibility or EPSDT requirements.) This care must be ordered by the primary doctor. It must be given by an authorized provider. Also:

- It must be for the person's medical condition or its effects. It must be given to the beneficiary only.
  - It must be appropriate for the patient and his or her family. (This includes their needs, abilities and environment.)
  - It must be to treat the condition or its effects for all daily living. But it must not be solely for purposes of convenience.
  - It must be timely. It must be expected to achieve the intended outcomes in a reasonable time.
  - It must be the least costly option that is appropriate. It must be an effective use of program funds.
  - It must be the best care that is safe and effective. It must not duplicate other services.
  - It must have the scope and duration to attain its goal.
  - It must be the treatment of choice, the common practice or the same as other commonly given care.
- It must be for a condition that threatens life or an injury or an illness. Or it must be for a condition that could result in a physical or mental limitation. Also, it must be for one or more of the purposes below.
    - To diagnose, cure, or improve physical or mental illness.
    - To prevent issues from getting worse.
    - To reduce the need for medical care in an institution or other Medicaid program.
    - To restore or improve function.
    - To help get access to medical, social or other services to treat the condition.

## Prior Authorizations

A prior authorization is when UnitedHealthcare Community Plan gives the doctor permission to perform certain services. The benefit section of this handbook outlines which services need approval before you can get them.

## Utilization Decisions (cont.)

There are nurses and doctors who work for UnitedHealthcare Community Plan who determine whether services are covered. These doctors and nurses are part of our Utilization Management (UM) Department. If you need a service that has to be prior-approved, your doctor will call UM. UM will review the medical information provided by your doctor and give your doctor the answer. This process is called prior authorization. Some (but not all) of the services that need a prior authorization are:

- Hospital admission
- Medical equipment for your home
- Nurses to come to your home
- The use of an out-of-network doctor
- The use of an ambulance, if you do not have an emergency

If you need to have tests or an operation, your primary care provider (PCP) will ask us to review the request. If the request is for a non-covered service, your PCP can request an exception. For a complete list of services requiring a prior authorization, please call Member Services at 1-877-877-8159 (TTY: 711).

## Authorization Decisions

UnitedHealthcare Community Plan will send you something in writing if we make a decision to:

- Deny a request to cover a service for you.
- Reduce, suspend or stop care you already receive.
- Deny payment for a non-covered service you received.

We will also send you something in writing if, by the date we should have, we did not make a decision on whether to approve a request to cover a service for you or give you an answer to something you told us made you unhappy.

## Previously Approved Services

UnitedHealthcare Community Plan follows policies and procedures when making decisions about medical services. The goal is to make sure services are medically necessary and given in the right setting and that quality care is provided. We need to verify that some services are medically necessary before you can get them.

If you change your health plan, any services approved but not used by you while you are a member of your current health plan will not be automatically picked up by your new health plan.

# Covered Benefits and Services

A prior authorization is when UnitedHealthcare Community Plan gives the doctor permission to perform certain services.

Services	Coverage
<b>Bed Liners</b>	Covered for members age 4 and up; prior authorization for quantities greater than 200.
<b>Blood and Plasma Products</b>	Covered. Self-referred service.
<b>Bone Mass Measurement (bone density)</b>	Covered.
<b>Behavioral Health</b>	Covered. Outpatient Mental Health and Substance Abuse (18 and above: 20 visits per fiscal year. Under age 18: 30 visits per fiscal year).
<b>Behavioral Health</b>	Covered. Inpatient Hospitalization (30 days per fiscal year covered for Medicaid ages 18 and above. Delaware Healthy Children Program (DHCP) members and Medicaid members under age 18 are covered by the Delaware Department of Prevention and Behavioral Health Services (DDPBHS). Use your Medicaid ID card).
<b>Case Management</b>	Covered.
<b>Chemotherapy</b>	Covered. Prior authorization on amounts over \$250.
<b>Colorectal/Prostate Screening Exams</b>	Covered. Self-referred service.
<b>CT Scans</b>	Covered.
<b>Dental Services</b>	Age 20 and younger: covered by Delaware Medicaid. Please call 1-800-372-2022 for more information.  Age 21 and older: removal of bony impacted wisdom teeth is covered by UnitedHealthcare.
<b>Diabetic Education</b>	Covered. Self-referred service.

## Covered Benefits and Services (cont.)

Services	Coverage
<b>Diabetic Equipment</b>	Covered. Insulin pump and supplies; prior authorization on amounts over \$300 and all rentals.
<b>Diabetic Supplies</b>	Covered. Glucose/Strips (covered by Delaware Medicaid: use your Medicaid ID card).
<b>Dialysis</b>	Covered. Self-referred service.
<b>Diapers (for members age 4 and up)</b>	Covered. Prior authorization on quantities over 200.
<b>Drugs Prescribed by a Doctor</b>	Covered. Prior authorization on amounts over \$250.
<b>Durable Medical Equipment</b>	Covered. Prior authorization on amounts over \$300.
<b>EPSDT Services (for under age 21)</b>	Covered. Self-referred service.
<b>Emergency Room Care</b>	Covered. Self-referred service.
<b>Emergency Medical Transportation</b>	Covered. Self-referred service. Air and ambulance.
<b>Eye Exam, Routine</b>	Covered if age 20 and younger.
<b>Eye Exam, Medical (for conditions such as diabetes and eye infections)</b>	Covered, all members.
<b>Eyeglasses or Contacts</b>	Covered if age 20 and younger. Annually.
<b>Family Planning Services</b>	Covered.
<b>Genetic Testing</b>	Covered.
<b>Glaucoma Screening</b>	Covered. Self-referred service.
<b>Gynecology Visits</b>	Covered. Self-referred service.
<b>Hearing Exams</b>	Covered. Self-referred service.
<b>Hearing Aids and Batteries</b>	Covered if age 20 and younger. Self-referred service.

<b>Services</b>	<b>Coverage</b>
<b>HIV/AIDS Testing</b>	Covered. Self-referred service.
<b>Home Health Care and Infusion Therapy</b>	Covered.
<b>Hospice Care</b>	Covered.
<b>Hospitalization</b>	Covered.
<b>Immunizations</b>	Covered. Self-referred service.
<b>Lab Tests and X-rays</b>	Covered. Self-referred service.
<b>Mammograms</b>	Covered. Self-referred service.
<b>Medical Supplies</b>	Covered. Prior authorization on amounts over \$300 and all rentals.
<b>Nursing Home</b>	Covered for the first 30 days, when medically necessary. Additional days are considered long-term care; an application must be submitted to and approved by the Delaware Medical Assistance Program.
<b>Obstetrical/Maternity Care</b>	Covered.
<b>Orthopedic Shoes</b>	Covered. Prior authorization on amounts over \$300.
<b>Outpatient Surgery, Same Day Surgery, Ambulatory</b>	Covered.
<b>Surgical Center</b>	Covered.
<b>Pain Management Services</b>	Covered.
<b>Parenting / Child Birth Education</b>	Covered.
<b>Personal Care (in home) / Aide Services</b>	Covered.
<b>Podiatry Care (routine diabetic care or peripheral vascular disease)</b>	Covered. Self-referred service.
<b>Prescription Drugs</b>	Covered by Delaware Medicaid. Please call 1-800-996-9969.



## Covered Benefits and Services (cont.)

Services	Coverage
<b>Primary Care Provider Visits</b>	Covered. Self-referred service.
<b>Private Duty Nursing</b>	Covered.
<b>Prosthetics and Orthotics</b>	Covered. Prior authorization on amounts over \$300.
<b>Radiation</b>	Covered.
<b>MRI, MRA, PET Scan</b>	Covered.
<b>Rehabilitation (inpatient hospital)</b>	Covered.
<b>Skilled Nursing Facility Care</b>	Covered. Up to 30 days per year.
<b>Sleep Apnea Studies / Sleep Therapy</b>	Covered.
<b>Smoking Cessation Counseling</b>	Covered.
<b>Specialty Physician Services</b>	Covered. Self-referred service.
<b>Therapy - Outpatient Occupational, Physical, Speech</b>	Covered.
<b>Transportation</b>	Covered. Routine Non-Emergency (Not covered for Delaware Healthy Children Program (DHCP) members. Covered for Medicaid members by Delaware Medicaid.

## Non-Covered Services

Some services are not covered by UnitedHealthcare Community Plan or the Delaware Medicaid program.

- Services that are not medically necessary
- Non-emergency services from an out-of-network doctor that are not prior-approved
- Vaccines for travel outside the U.S.
- Abortion, unless in cases of rape or incest or in life-threatening situations
- Sterilization of a mentally incompetent or institutionalized person
- Single antigen vaccines when a combined antigen is medically appropriate
- Inpatient hospital tests not ordered by the attending doctor, except in an emergency
- Experimental procedures
- Cosmetic services or items
- Autopsies
- Dental services for members over age 21
- Hearing aids for members 21 years or older
- Certain medicines used to treat obesity or sexual dysfunction or for cosmetic purposes
- Infertility treatments
- Routine podiatry, unless medically necessary
- Chiropractic services
- Sex change services and hormone therapy
- Medical care that is started or requested by a non-participating doctor
- Christian Science nurses and sanitariums
- Prescriptions written by non-participating doctors (except when a member needs an emergency supply or is outside the service area)

## Covered Benefit Changes

UnitedHealthcare Community Plan may change the benefits and services we cover. If we do change our benefits, we will tell you in writing, when we can, before the change occurs.

## Case Management

Do you or a family member have asthma or diabetes? Are you a pregnant woman with high risks? Do you need extra help using covered services or benefits? If yes, we have programs available to work with you.

UnitedHealthcare Community Plan's Case Management Program is a holistic approach to helping our members live healthier lives. Our focus is to work with you and your primary care provider (PCP) to keep you healthy and independent in the community.

Our program encourages and promotes member involvement, active decision-making, and active participation in planning your health care needs.

Our Case Manager will provide support and education and will assist you to coordinate services. We will work with you and your PCP to ensure you receive timely access to care with the right provider, at the right time, at the right place of service.

UnitedHealthcare Community Plan's Case Management Program is inclusive of Case and Disease Management. The primary disease specific management programs incorporated into the holistic Case Management Model are:

- Respiratory Case Management with a focus on asthma or chronic obstructive pulmonary disease (COPD)

## Covered Benefits and Services (cont.)

- Cardiac Case Management with a focus on Congestive Heart Failure, Heart Disease or Hypertension
- Diabetes Case Management
- Transplant Case Management
- HIV/AIDS Case Management
- High Risk Pregnancy Case Management

To access or find out more about these programs, please call 1-877-877-8159 (TTY: 711).

### Special Needs Unit

UnitedHealthcare also has a Special Needs Unit (SNU) to help members who have special needs because of ongoing physical, developmental, emotional or behavioral conditions. The SNU educates and helps members access:

- Primary care providers (PCPs) or Specialists
- Available Community and State Resources
- Services offered through public education system
- Behavioral Health Providers
- Case Management
- Transportation Benefit
- Disease specific educational information

These are just some ways the SNU can help you. If you're not sure if you have a special need or want to speak to a case manager, please call the SNU at 1-877-844-8844.

### Healthy First Steps

Healthy moms are more likely to have a healthy baby. Pregnancy is an important time for women to take good care of themselves and their unborn baby. Some women may have risk factors that can cause problems during pregnancy. Some can cause early labor. A baby born too early may be sick or have to stay in the hospital. It is important to see a doctor as soon as you think you are pregnant.

Healthy First Steps is our special program for pregnant women. Our staff of nurses, social workers and health educators will work with you and your doctor to make your pregnancy healthier and easier. We can:

- Help you and your baby find a doctor.
- Help you make prenatal appointments.
- Arrange for home health care if your doctor requests it.
- Help you set up doctor and home visits after delivery.
- Arrange rides to your appointments.
- Order any special supplies that your doctor requests for you and your baby.
- Stay in touch with you and your doctor in case you have any health care problems.
- Help finding a primary care provider (PCP) or specialist.

With Healthy First Steps, you will learn what to expect when you see your doctor and how to take care of your changing body. We can help you with:

- **Local Resources** – Food stamps, baby items, prenatal classes, child care and support groups.

- **You, Your Doctor and the Health Care System** – Choosing a doctor, being a patient and hospitals.
- **Nutrition, Weight, and Well-Being** – Healthy Foods, your weight, the Women, Infants and Children (WIC) Program and breastfeeding.
- **Sexual Health** – Sexually transmitted diseases (STDs), HIV counseling and testing and family planning.
- **Substance Abuse** – Alcohol, tobacco and prescription and over-the-counter drugs.

If you are pregnant, call to enroll in Healthy First Steps at 1-800-599-5985.

## Smart Start Services

The Smart Start program helps women deliver a healthy, full-term baby. Smart Start can help you get home visits from a nurse, nutritionist or social worker. You can also get education information through the program. You can get these services during your pregnancy and after you deliver your baby. If you are pregnant, call us toll-free at: 1-800-599-5985.

### What if I need an obstetrician/gynecologist (OB/GYN)?

You have the right to pick an OB/GYN without going to your doctor first. This is called “direct access.” The access to an OB/GYN includes:

- One well-woman checkup per year
- Family planning services
- Care for pregnancy
- Counseling services for HIV testing
- Case Management for pregnant women through the Healthy First Steps program

### How do I choose an OB/GYN or midwife?

Call Member Services at 1-877-877-8159 (TTY: 711) or you can pick from the provider directory.

### Can I stay with my OB/GYN even if they are not in the UnitedHealthcare Community Plan network?

Prior authorization (approval) may be needed if you choose a doctor that is not in the UnitedHealthcare Community Plan network.

### Will I need a referral for an OB/GYN or midwife?

No.

## After Your Delivery

It is important for you to schedule your post partum visit to occur 3 to 8 weeks after your baby is born. Your doctor may want to see you sooner. You will get a well-woman check-up and your doctor will talk to you about family planning options.

## Family Planning Services

We provide confidential family planning service to all members, including members under age 18. If you do not want to talk to your primary care provider (PCP) about family planning, call Member Services at 1-877-877-8159 (TTY: 711). We will help you choose a family planning doctor who is different from your PCP.

We encourage you to receive your family planning services from a UnitedHealthcare doctor. That way we can better coordinate all your health care. You can choose any doctor

## Covered Benefits and Services (cont.)

to give you reproductive care and supplies, even if that doctor isn't in our network. But, choosing a UnitedHealthcare doctor will help us coordinate your care better.

### Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

UnitedHealthcare Community Plan will pay for children under 21 to see the doctor regularly. These visits are part of the EPSDT program. These visits make sure your child is growing normally and check for problems and conditions. These exams include screenings and are recommended by the American Academy of Pediatrics (AAP) periodic schedule. These screenings will include many things:

- Health history
- Complete physical exam
- Lab tests (as appropriate)
- Immunizations
- Vision, hearing and dental screenings
- Developmental and behavioral screenings
- Advice on how to keep your child healthy

You also get other services, such as:

- Treatment, including rehabilitation for any physical, developmental or mental health conditions discovered during a screening.
- Regular visits to a dentist for check-ups and treatment (this benefit is offered through your Medicaid ID card).
- Immunizations (shots).
- Regular tests of and treatment for the child's hearing and eyesight.

- Routine lab tests, as well as tests for lead in the blood and sickle cell anemia, if the child is at-risk.
- Lead investigations, if your child has a high level of lead in his or her blood.
- Transportation: if you cannot get your child to his or her visits, you may be able to get a ride through Logisticare.
- Other tests and services needed to correct or prevent defects, physical conditions and mental illnesses discovered by the screenings.

Making and keeping your child's EPSDT appointments can help your child stay healthy. The best time to prevent serious health problems is before they develop.

### Early Intervention

Did you know there is a program that helps families develop their children's potential? Children grow and learn at different rates. Children who develop more slowly are eligible for early intervention support.

Infants, toddlers and preschoolers with special needs due to developmental delays or disabilities can get this service.

UnitedHealthcare Community Plan's high-risk pregnancy case managers work with doctors to identify children who:

- Weighed less than 3 pounds
- Needed neonatal intensive care
- Have a chemically addicted mother



If you have questions about your child's development or disability, talk with your primary care provider (PCP) or contact our Special Needs Department for additional information. We work as a team so your child receives the best care for his/her quality of life.

For more information on the Early Intervention Programs, you may also contact Child Development Watch at 1-800-752-9393.

## **Women, Infants and Children (WIC)**

WIC is the special nutrition program for women, infants and children. The WIC program provides healthy food at no cost, breastfeeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to fill out a WIC application during your next visit. If you have an infant or child, ask their doctor to fill out a WIC application or call WIC at 1-800-222-2189. You may also contact your local WIC office.

## **School-Based Health Center Services**

Some schools have health centers that give certain services to their students. These health centers can provide family planning services and help with certain illnesses, including giving medicine. Please contact your school's health center for the services they provide.

## **Family Planning Services**

UnitedHealthcare Community Plan covers family planning services, including contraceptive care and pregnancy tests. You do not need to get our approval before using these services. There is no limit to how often you can use them.

## **Children With Special Needs**

UnitedHealthcare will work closely with schools that provide education and family service programs to children with special health needs. UnitedHealthcare will work with these types of programs:

- Individualized education programs (IEP).
- Individualized family service plans (IFSP) for children from birth to three years old.

If you need assistance, you may contact the Special Needs Department at 1-877-844-8844.

## **Prescription Drug Coverage**

This benefit is covered by the Division of Medicaid & Medical Assistance (DMMA) and you have to use your Medicaid card for this benefit. If you need help, please call the Pharmacy Benefits Manager at 1-800-996-9969, option 2.

# Grievances and Appeals

## Introduction to Grievances and Appeals

If you are unhappy with UnitedHealthcare Community Plan or its doctors, contact us right away. Your feedback is important to us so that we can ensure you are getting the appropriate care. This includes if you do not agree with a decision we made. You can contact us within 90 calendar days of the incident. If you want someone to speak for you, let us know.

There are two kinds of issues: Grievances and Appeals. Below we describe each kind, how we review them, and your rights.

## Member Grievances

**A grievance (like a complaint) is when you are unhappy with something about UnitedHealthcare Community Plan or one of our doctors not related to coverage.**

Call us at 1-877-877-8159 (TTY: 711) or write within 90 calendar days of an incident. UnitedHealthcare Community Plan will send you a letter telling you we got your grievance. We will answer in writing within 90 calendar days from the date you contacted us.

During the grievance process, you can have someone represent you. If you want to do this, tell UnitedHealthcare Community Plan, in writing, the name of the person and how we can reach him or her. You or your representative may ask UnitedHealthcare Community Plan for information on your grievance. You may also send information to:

Grievance and Appeals  
UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

If you need help with your grievance, call Member Services. We will assign someone who has not been involved to help you at no charge.

## Member Appeals

**If you do not agree with a decision to reduce, suspend, stop or deny care, deny payment, or fail to deliver a service on time, you can ask us to change the decision. This is an appeal.**

You, your provider or someone you pick to represent you can make an appeal by calling us at 1-877-877-8159 (TTY: 711). Or write us within 90 calendar days of the date on the written notice of our decision. Written appeals must be mailed to:

Grievance and Appeals  
UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

If you call, someone from UnitedHealthcare Community Plan will put your appeal in writing. We will contact you to check the information. If you want your doctor to file the appeal, you must give your written approval.

We will send you a letter saying we got your appeal within 5 business days of your request. We will answer your appeal in writing within 30 calendar days from the date you contacted us. If you need more time to gather information, you can ask to extend this time up to 14 days. We can also ask for an extension.

During the appeal, you can have someone represent you. If you want this, tell UnitedHealthcare Community Plan in writing the name of that person and how we can reach him or her. You or your representative may ask UnitedHealthcare Community Plan for any information on your appeal. You may also send information to:

Grievance and Appeals  
UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

You may ask for help with your appeal. Call Member Services at 1-877-877-8159 (TTY: 711). UnitedHealthcare Community Plan will assign someone who has not been involved to help you at no charge.

A committee that includes a physician, a representative of the State of Delaware, and others who were not involved in the denial will decide your appeal. You, your representative or your provider may request to participate at the appeal review by videoconference, telephone or in person at the local Delaware office located at: **4051 Ogletown Rd, Ste 200, Newark, DE 19713**. You may bring a family member, friend, lawyer or other person. If you want to appear, call Member Services at 1-877-877-8159 (TTY: 711) when you get the letter telling you we got your appeal.

We will send you the decision in writing. The letter will have the reasons for our decision. It will say what to do if you don't like our decision.

**Continuing Services** – If you have been getting an ongoing service that is being reduced, changed or stopped, you can ask for it to continue during the appeal. To do so, you must ask for your appeal or state fair hearing within 10 days of the date on the notice of action or appeal decision.

If the State of Delaware decides UnitedHealthcare Community Plan's decision was correct, you may have to pay for the services you got while your appeal was being reviewed.

**Expedited Appeals** – If your doctor thinks the time for an appeal will harm your health, he/she can call UnitedHealthcare Community Plan and ask for it to be decided faster. This is an expedited appeal. Your doctor must call Member Services at 1-877-877-8159 to explain why a fast appeal is needed. UnitedHealthcare Community Plan will call you with our decision within 3 working days of getting your request. You can ask to extend this up to 14 days if you need more time to gather information. We will also send a letter with the reasons for our decision. It will say what to do if you don't like the decision.

# Grievances and Appeals (cont.)

UnitedHealthcare Community Plan wants to help you. To contact us you can:

- Call Member Services at 1-877-877-8159 (TTY: 711).
- Fill out the Grievance and Appeal form in the back of this handbook. (You can also call Member Services to get the form.)
- Write a letter telling us what has made you unhappy. Include your name, ID number, address and phone. (Your ID number is on the front of your UnitedHealthcare Community Plan ID card.) Also send any information about your problem.

Mail the form or your letter to:

Grievance and Appeals  
UnitedHealthcare Community Plan  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

## State Fair Hearings

A state fair hearing is a meeting with you, someone from UnitedHealthcare Community Plan, and a hearing officer from the Delaware Department of Health and Social Services. UnitedHealthcare Community Plan will explain why we made our decision. You can then say why you think we made a mistake. The state officer listens and decides who is right and whether we followed the rules.

If you do not agree with a decision we made to reduce, suspend, stop or deny care, deny payment, or fail to deliver a service on time, you may request a state fair hearing. You do not need to exhaust UnitedHealthcare Community Plan's appeal process before asking for a state fair hearing. You must ask for the hearing within 90 calendar days of the date on the notice of our decision. If you appeal, you can also ask for a hearing within 90 days of our appeal decision.

To ask for a state fair hearing, call 1-800-372-2022, press 7 (toll-free).

Or mail your request to:

DSS Fair Hearing Officer  
Herman M. Holloway Campus  
Lewis Bldg.  
P.O. Box 906  
New Castle, DE 19720

If the State of Delaware decides our decision was wrong, your services will be authorized. We will arrange for you to get them immediately.

# Fraud and Abuse

Fraud and abuse takes many forms. It is a criminal act if anyone deliberately gets Medicaid coverage based on false information. It is also against the law:

- For another person to help someone get Medicaid coverage based on false information.
- To misrepresent, impersonate or conceal any fact that would cause Medicaid to provide coverage when a person is not eligible.
- To get or help someone get more benefits or benefits at a higher level than they should get.
- For any person or business to make a false statement about a person's health status or eligibility for health insurance.

If found guilty, penalties range from paying back Medicaid and UnitedHealthcare Community Plan for payments made for a person's health care to jail time.

Health care providers found to commit fraud and abuse can be banned from taking part in the Medicaid program, as well as other penalties.

Some additional examples of fraud and abuse are:

- Billing or charging you for services your health plan covers.
- Offering you gifts or money to get treatment or services.
- Offering you free services, equipment or supplies in exchange for your Medicaid number.
- Giving you treatment or services you don't need.
- Physical, mental or sexual abuse by medical staff.
- Someone using another person's Medicaid or UnitedHealthcare Community Plan identification card.

If you suspect anyone is committing fraud and abuse, including providers, call UnitedHealthcare Community Plan's Member Services line at 1-877-877-8159 (TTY: 711). You can remain anonymous. If you do give your name, the provider will not be told you called.

You can also anonymously report provider fraud to Delaware Crime Stoppers at 1-800-TIP-3333 or by calling the Division of Medicaid & Medical Assistance Surveillance Utilization Review Unit toll free at 1-800-372-2022.

# Privacy Notices

## HEALTH PLAN NOTICES OF PRIVACY PRACTICES

**THIS NOTICE SAYS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED. IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. READ IT CAREFULLY.**

**Effective September 23, 2013**

We<sup>1</sup> must by law protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to your HI.

We must by law follow the terms of this notice.

“Health information” (or HI) in this notice means information that can be used to identify you. And it must relate to your health or health care services. We have the right to change our privacy practices. If we change them, we will, in our next annual mailing, either mail you a notice or provide you the notice by e-mail, if permitted by law. We will post the new notice on your health plan website **[www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com)**.

We have the right to make the changed notice apply to HI that we have now and to future information. We will follow the law and give you notice of a breach of your HI.

We collect and keep your HI so we can run our business. HI may be oral, written or electronic. We limit access to all types of your HI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your HI.

## How We Use or Share Information

We **must** use and share your HI if asked for by:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected.

**We have the right to** use and share HI. This must be for your treatment, to pay for care and to run our business. For example, we may use and share it:

- **For Payments.** This also may include coordinating benefits. For example, we may tell a provider if you are eligible for coverage and how much of the bill may be covered.
- **For Treatment** or managing care. For example, we may share your HI with providers to help them give you care.
- **For Health Care Operations** related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- **To tell you about Health Programs or Products.** This may be other treatments or products and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment and summary HI to an employer plan sponsor. We may give them other HI if they agree to limit its use per federal law.
- **For Underwriting Purposes.** We may use your HI to make underwriting decisions but we will not use your genetic HI for underwriting purposes.



- **For Reminders** on benefits or on care, such as appointment reminders.

We may use or share your HI as follows:

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member. This may happen if you are unable to agree or object. Examples are an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment. Special rules apply for when we may share HI of people who have died.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.

- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability, as allowed by law.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) To give health care; (2) To protect your health and the health of others; (3) For the security of the institution.
- **To Our Business Associates** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.
- **Other Restrictions.** Federal and state laws may limit the use and sharing of highly confidential HI. This may include state laws on:
  1. HIV/AIDS
  2. Mental health
  3. Genetic tests
  4. Alcohol and drug abuse
  5. Sexually transmitted diseases (STD) and reproductive health
  6. Child or adult abuse or neglect or sexual assault

If stricter laws apply, we aim to meet those laws. Attached is a "Federal and State Amendments" document.

## Privacy Notices (cont.)

Except as stated in this notice, we use your HI only with your written consent. This includes getting your written consent to share psychotherapy notes about you, to sell your HI to other people, or to use your HI in certain promotional mailings. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on the back of your ID card.

### Your Rights

You have a right:

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others involved in your care or payment for it. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. (For example, at a P.O. Box instead of your home.) We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI that we use to make decisions about you. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you will have the right to ask for an electronic copy to be sent to you. You can ask to have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your

request. If we deny your request, you may have the denial reviewed.

- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does require us to track.
- **To get a paper copy of this notice.** You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our website, [www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.com).

### Using Your Rights

- **To Contact your Health Plan. Call the phone number on the back of your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446 (TTY: 711).
- **To Submit a Written Request.**  
Mail to:  
**UnitedHealthcare Government Programs Privacy Office**  
MN006-W800  
P.O. Box 1459  
Minneapolis, MN 55440

- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services.** We will not take any action against you for filing a complaint.

# Privacy Notices (cont.)

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Life Insurance Company of California; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus of Maryland, Inc.; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus South Central Insurance Company; Care Improvement Plus Wisconsin Insurance Company; Citrus Health Care, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Golden Rule Insurance Company; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; MD – Individual Practice Association, Inc.; Medical Health Plans of Florida, Inc.; Medica HealthCare Plans, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; Physicians Health Choice of New York, Inc.; Physicians Health Choice of Texas, LLC; Preferred Partners, Inc.; Sierra Health and Life Insurance Company, Inc.; UHC of California; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Health Plan of Delaware, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Life Insurance Company; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Utah, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

# Protected Information Release

Member's Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize \_\_\_\_\_

Address \_\_\_\_\_

to provide the following information to \_\_\_\_\_

Address \_\_\_\_\_

for health care coordination, case management, coordination of benefits and other health insurance purposes.

- |   |   |
|---|---|
| <input type="checkbox"/> Social History             | <input type="checkbox"/> Authorized Services/Treatment Received |
| <input type="checkbox"/> Psychiatric Evaluation     | <input type="checkbox"/> Diagnosis                              |
| <input type="checkbox"/> Psychological Evaluation   | <input type="checkbox"/> Summary of CM Services                 |
| <input type="checkbox"/> Service Coordination Plans | <input type="checkbox"/> Other Referrals/Consultations          |
| <input type="checkbox"/> Other                      | <input type="checkbox"/> HIV-related Information/Status         |

I have been informed and understand that I can revoke this authorization at any time by informing UnitedHealthcare Community Plan in writing. Revocation is not effective for disclosures of protected health information that have already occurred. I understand that UnitedHealthcare Community Plan may not condition the provision of treatment, payment, enrollment in the health plan or eligibility for benefits on the provision of an authorization. This authorization is effective beginning on \_\_\_\_\_. It does not expire until I notify UnitedHealthcare Community Plan in writing.

\_\_\_\_\_  
Member or Personal Representative / Relationship to Member      Date

\_\_\_\_\_  
Witness      Date

**Member Services**  
**UnitedHealthcare Community Plan**  
**4051 Ogletown Road, Suite 200**  
**Newark, DE 19713**

# Grievance and Appeal Form

Member's Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Please choose one of the following:

- ☐ Are you unhappy about a decision we made?
- ☐ Are you unhappy about something other than a decision we made; for example, are you unhappy about how you were treated?

Please describe your concern in detail using names, dates, places of services, time of day and issues that occurred. If applicable, also state why UnitedHealthcare Community Plan should consider payment for requested services that are not normally covered. **Please mail this completed form to the address listed at the bottom.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Signature)

(Date)

**Member Services**  
**UnitedHealthcare Community Plan**  
**P.O. Box 31364**  
**Salt Lake City, UT 84131-0364**



## Notes

